

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**26266**

**1. PLACE OF DEATH**

County Holt  
Township Forest  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 370  
Primary Registration District No. 5516

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anton Kersten</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1864</u>		
7. AGE <u>69</u>	YEARS <u>4</u>	MONTHS <u>24</u>
		DAYS <u>24</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>same</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1933</u>	
		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beatty Illinois</u>		
FATHER	13. NAME <u>Allen Green</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs. Andrew Lee</u> (ADDRESS) <u>2518 N. E. 1st Bluff, Ia.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest City</u> DATE <u>Aug 5</u> 19 <u>33</u>		
19. UNDERTAKER <u>Foster Reddick</u> (ADDRESS) <u>Oregon</u>		
20. FILED <u>Aug 4</u> 19 <u>33</u> <u>F. C. Sullivan</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to Aug 2, 1933.  
I first saw him alive on Aug 2, 1933. Death is said to have occurred on the date stated above, at 9:50 P. m.  
The principal cause of death and related causes of importance were as follows:  
Pericarditis (acute)  
gob  
90

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. K. Klopp, M. D.  
(Address) Forest City, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver.

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